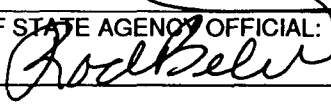



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>U T - 0 1 022</u>	2. STATE: UTAH
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE JULY 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  SECTION 1915 (g) OF THE ACT		7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>175,000</u> b. FFY <u>2003</u> \$ <u>175,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  ATTACHMENT 3.1-A Supplement 1-G, pages 1,2 ATTACHMENT 3.1-B Supplement 1-G Pages 1,2 ATTACHEMTN 4.19-B , Page 22F		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  New New NEW	
10. SUBJECT OF AMENDMENT:  TARGETED CASE MANAGEMENT FOR MEDICAID HMO ENROLLEES AND POTENTIAL ENROLLEES			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  ROD L. BETIT, EXECUTIVE DIRECTOR DEPARTMENT OF HEALTH PO BOX 143102 SALT LAKE CITY, UT 84114-3102	
13. TYPED NAME: ROD L. BETIT			
14. TITLE: EXECUTIVE DIRECTOR DEPARTMENT OF HEALTH			
15. DATE SUBMITTED: SEPTEMBER 28, 2001			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: October 2, 2001		18. DATE APPROVED: Dec. 6, 2001	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2001		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Spencer K. Ericson		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:  POSTMARK: September 28, 2001			

42 CFR  
440.130

Targeted Case Management Services for Medicaid HMO Enrollees and  
Potential Enrollees

A. Target Group:

Targeted case management services are available to Medicaid eligible HMO ("Plan") enrollees and potential enrollees who a qualified case manager has determined:

1. Require assistance to identify, obtain access to, and coordinate medical and other services consistent with their identified needs; and for whom
2. There is a reasonable indication that the enrollee or potential enrollee will obtain the required assistance only through a qualified targeted case manager.

B. Areas of the State in Which Services Will Be Provided:

Services will be limited to the following geographic areas of the state: the urban counties of Davis, Salt Lake, Utah, and Weber.

C. Comparability:

Services are not comparable in amount, duration, and scope. Authority of Sec. 1915(g) (1) of the Act is invoked to provide services without regard to the requirements of Sec. 1902(a) (10) (B) of the Act.

D. Definition of Services:

1. This service is designed to assist eligible individuals in the target group ("clients") to identify and appropriately utilize the scope of medical and other services available to them.
2. Federal Financial Participation will be available at the FMAP percentage for costs incurred to perform the following activities/services with, and on behalf of, clients in the target group.
  - (a) assessing the eligible client's need for medical and other services including high risk assessments with all aged and disabled recipients;
  - (b) linking the client through direct or indirect referral with medical services and community resources in accordance with their identified needs;
  - (c) coordinating the availability of and access to necessary services, acting as the liaison between the client, Plan, providers, and applicable public and private agencies;
  - (d) periodic follow-up and assistance as the recipient's service needs change; and
  - (e) instructing the client or the client's legal representative when applicable, in independently identifying, obtaining, and coordinating needed services.

T.N. No. 01-022  
Supersedes  
T.N. No. NEW

Approval Date 12/06/01

Effective Date 07/01/01

42 CFR  
440.130

Targeted Case Management Services for Medicaid HMO Enrollees and  
Potential Enrollees (cont.)

E. Qualified Providers:

Health Program Representatives (HPRs) employed by the State of Utah,  
Division of Health Care Financing, Bureau of Managed Health Care.

F. Freedom of Choice:

The State assures that the provision of case management services will  
not restrict an individual's free choice of providers in violation of  
Sec. 1902(a)(23) of the Act, except as authorized under the State's  
approved 1915(b) freedom of choice waiver.

1. Eligible recipients will have free choice of qualified providers  
of case management services.
2. Eligible recipients will have free choice of the providers of  
other medical care under the plan.

G. Non-Duplication of Payment:

Payment for case management services under the plan shall not duplicate  
payments made to public agencies or private entities under other program  
authorities for this same purpose. Case management services provided by  
HPRs is solely for the purpose of augmenting, not supplanting or  
duplicating, service coordination activities that may be available to  
recipients through their Plan or other community providers. Services  
will be available only to Medicaid eligibles. Direct and indirect  
administrative activities related to the determination of Medicaid  
eligibility are outside the scope of services offered under this plan.

---

T.N. No. 01-032  
Supersedes  
T.N. No. NEW

Approval Date 12/06/01

Effective Date 07/01/01

42 CFR  
440.130

Targeted Case Management Services for Medicaid HMO Enrollees and  
Potential Enrollees

A. Target Group:

Targeted case management services are available to Medicaid eligible HMO ("Plan") enrollees and potential enrollees who a qualified case manager has determined:

1. Require assistance to identify, obtain access to, and coordinate medical and other services consistent with their identified needs; and for whom
2. There is a reasonable indication that the enrollee or potential enrollee will obtain the required assistance only through a qualified targeted case manager.

B. Areas of the State in Which Services Will Be Provided:

Services will be limited to the following geographic areas of the state: the urban counties of Davis, Salt Lake, Utah, and Weber.

C. Comparability:

Services are not comparable in amount, duration, and scope. Authority of Sec. 1915(g) (1) of the Act is invoked to provide services without regard to the requirements of Sec. 1902(a) (10) (B) of the Act.

D. Definition of Services:

1. This service is designed to assist eligible individuals in the target group ("clients") to identify and appropriately utilize the scope of medical and other services available to them.
2. Federal Financial Participation will be available at the FMAP percentage for costs incurred to perform the following activities/services with, and on behalf of, clients in the target group.
  - (a) assessing the eligible client's need for medical and other services including high risk assessments with all aged and disabled recipients;
  - (b) linking the client through direct or indirect referral with medical services and community resources in accordance with their identified needs;
  - (c) coordinating the availability of and access to necessary services, acting as the liaison between the client, Plan, providers, and applicable public and private agencies;
  - (d) periodic follow-up and assistance as the recipient's service needs change; and
  - (e) instructing the client or the client's legal representative when applicable, in independently identifying, obtaining, and coordinating needed services.

T.N. No. 01-022  
Supersedes  
T.N. No. NEW

Approval Date 12/06/01

Effective Date 07/01/01

42 CFR  
440.130

Targeted Case Management Services for Medicaid HMO Enrollees and  
Potential Enrollees (cont.)

E. Qualified Providers:

Health Program Representatives (HPRs) employed by the State of Utah,  
Division of Health Care Financing, Bureau of Managed Health Care.

F. Freedom of Choice:

The State assures that the provision of case management services will  
not restrict an individual's free choice of providers in violation of  
Sec. 1902(a)(23) of the Act, except as authorized under the State's  
approved 1915(b) freedom of choice waiver.

1. Eligible recipients will have free choice of qualified providers  
of case management services.
2. Eligible recipients will have free choice of the providers of  
other medical care under the plan.

G. Non-Duplication of Payment:

Payment for case management services under the plan shall not duplicate  
payments made to public agencies or private entities under other program  
authorities for this same purpose. Case management services provided by  
HPRs is solely for the purpose of augmenting, not supplanting or  
duplicating, service coordination activities that may be available to  
recipients through their Plan or other community providers. Services  
will be available only to Medicaid eligibles. Direct and indirect  
administrative activities related to the determination of Medicaid  
eligibility are outside the scope of services offered under this plan.

---

T.N. No. 01-022  
Supersedes  
T.N. No. NEW

Approval Date 12/06/01

Effective Date 07/01/01

1915(g) Targeted Case Management Services for Medicaid HMO Enrollees and  
of the Act Potential Enrollees.

Total reimbursement for targeted case management services for HMO enrollees is based on historical cost adjusted annually (effective July 1) based on Legislatively approved cost of living and merit increases.

---

T.N. No. 01-022  
Supersedes  
T.N. No. NEW

Approval Date 12/06/01

Effective Date 07/01/01